Form **8871** (July 2000);

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information				
1 Name of organization			Employer identification number	
CITIZENS FOR TROY Mailing address (P.O. Box or number, street, and room or suite number)			34 193 0398	
2 Mailing address (P.O. Box or number,	street, and room or sui	ite number)		
City or town, state, and ZIP code	DGE DRIVE	Marie Company of the		
City or town, state, and ZIP code		rong		
willowick :	<u> 24 440</u>	275		
3 E-mail address of organization				
		Custodian's address		
4a Name of custodian of records			A STATE OF THE PARTY OF THE PAR	
MARY A. KOVALCHIK		28932 UYEKIDGE DEIVE		
		1011-10WICK, OH 44095		
5a Name of contact person	5h (Contact person's address	MINES	
MARY A. KOVALCAR		28932 UX CPIDAE	DEINE	
		WILLOWICK, OH 44095		
6 Business address of organization (if d	ifferent from mailing add	dress shown above). Number, street, and	room or suite number	
NA	•			
City or town, state, and ZIP code			A Company of the Comp	
•				
Part II Purpose	***			
7 Describe the purpose of the organizat	ion ,			
CAMPINIAN C	OMMITTEE			
	: #14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	,,,			
Part III List of All Related Ent				
8a Name of related entity	8b Relationship	8c Address		
10/				
12/14				
All the second s				
RECEN	7FF			
, COLIN	ED			
AUG OA	70			
AUG 0 4 2	∤nnn 181			
	3000 RS-000			
OGDEN	14			
SODEN,	ŲΓ			
	1			

Part IV List of All Officers, D 9a Name			
Ja Nallie	LAKE		
DAVIEL P. TROY	COUNTY	403 CLARMONT ROAD	
	CONHISSIONER	WILLOWICK , OH 44095	
	^ ·		
Many A. Kovalouk	COMMITTEE	62983 LIVERISK ORVE	
	TREECURER	WILLOWICK, 04 4/4095	
CAROL SICLIAND	COMMITTEE DEPUTY TREPSURER		
		403 CLARMONT ROAD	
		Willowick, OH 44095	
		·	
	<i>2</i> 1.		
र्थ			
Under penalties of periury. I dec	slare that the organization named in	Part I is to be treated as an organization described in section 527 of the Interna	
Revenue Code, and that I have e it is true, correct, and complete.	examined this notice, including acco	ompanying schedules and statements, and to the best of my knowledge and belie	
	1/	}	
Sign Newy 1. 9	Kovalchk, Ire		
Signature of authorized o	fficial	Date	